

TDMH OUTPATIENT FORENSIC DATA REPORT

DEFENDANT

SSN: - - Date of Birth: / /

First Name: _____

 Race: ☐ Alaskan Native ☐ American Indian ☐ Asian
☐ Black/African American ☐ Other ☐ Unknown
☐ White/Caucasian

Last Name: _____

 Ethnicity: ☐ Cuban ☐ Mexican/Mex-American ☐ Puerto Rican
☐ Other Hispanic ☐ Not of Hispanic Origin ☐ Unknown
Gender: ☐ Male ☐ FemaleDegree: ☐ Advanced ☐ GED ☐ HS Diploma ☐ None _____ Highest Grade CompletedCourt: ☐ Circuit ☐ Criminal ☐ General Sessions ☐ Juvenile ☐ Other: _____

Felony Charges: _____ Misdemeanor Charges: _____

Nature of Crime: ☐ Capital ☐ Misdemeanor ☐ Non-Violent Felony ☐ Violent Felony: Sex Offense ☐ Violent FelonyCounty: _____ Interpreter Required: ☐ Yes ☐ NoDefendant Location: ☐ DOC ☐ Jail ☐ Juvenile/Community ☐ Juvenile Detention Center ☐ On Bond

Provider: _____

Evaluator(s): _____

Date Court Order Rec'd or Training Initiated: / / Date of Letter to Court: / /

PRIMARY DIAGNOSIS (CIRCLE ONE)

Affective D/O	Disruptive Behavior D/O	None
Anxiety/PTSD	Malingering	Other
Autism Spectrum	Medical Condition	Personality D/O
Borderline IQ	Mental Retardation/ID	Psychotic D/O
Deferred	Neuro Injury/Disease	Substance Related/ Addiction D/O

ADDITIONAL DIAGNOSIS (CIRCLE ALL THAT APPLY)

Affective D/O	Disruptive Behavior D/O	None
Anxiety/PTSD	Malingering	Other
Autism Spectrum	Medical Condition	Personality D/O
Borderline IQ	Mental Retardation/ID	Psychotic D/O
Deferred	Neuro Injury/Disease	Substance Related/ Addiction D/O

COURT ORDERS / AUTHORIZATIONS

 Evaluation: ☐ Competency to Stand Trial 301(a) ☐ Mental Condition at Time of Crime 301(a) ☐ NGRI Committability 303(a)
☐ Diagnosis, Treatment, Committability 128 ☐ Psychosexual 128
☐ Post-Convict, Competency to Proceed 301(a)(4) ☐ Post-Convict, Mental Retardation 301(a)(4) ☐ Post-Convict, Mental Condition at Time of Crime 301(a)(4)

>>> Items in Italics require pre-authorization

☐ Competency Training,
Pre-hospitalization☐ Competency Training,
Post-hospitalization☐ Additional
Assessment☐ Physician
Services

OUTCOMES

 Competent: ☐ Yes ☐ No ☐ Deferred ☐ N/A
 Insanity Defense Supported: ☐ Yes ☐ No ☐ Deferred ☐ N/A
 NGRI Committable: ☐ Yes ☐ No ☐ No, w/ MOT

RECOMMENDATION(S)

☐ Refer to RMHI for Evaluation ☐ Refer to FSP
☐ Petition for commitment – MH ☐ None
☐ Petition for commitment – MR (HJC)

\$300 \$600 \$100 \$700 \$50

Key for Billing

 A = Eval for Competency
 B = Eval for Mental Condition
 J = Post Conviction Eval
 L = Outpatient Treatment Plan (N)

W = Eval for Diag/Treatment/Recommend/Committable/Psych/A&D/MR

K = Eval, NGRI Committable

X = Psychosexual Evaluation

DC = Eval for Competency & Mental Condition in DOC custody, Comprehensive

E = Additional Mental Health Assessment

F = Physician Services

T = Competency Training